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**RECEIVED**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISIONDEC 20 2007 *new*

DEC 20 2007

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTMario Cabello(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)07CV7153  
JUDGE GETTLEMAN  
MAGISTRATE JUDGE VALDEZ

vs.

Case No: \_\_\_\_\_  
(To be supplied by the Clerk of this Court)Cook County Dept.  
Of Corrections.Sgt. John Mannos of Div. 10  
Superintendent of Div. 10 - Mr. Andrews(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

## CHECK ONE ONLY:

XCOMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Mario Cabello
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number: 20060098846
- D. Place of present confinement: Cook County Jail Division 10
- E. Address: P.O. Box 089002 Chicago 60608.9002

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Sgt. John Mannos  
 Title: Sargent  
 Place of Employment: Cook County Dept. of Corrections
- B. Defendant: Superintendent Andrews  
 Title: Superintendent  
 Place of Employment: Cook County Dept. of Corrections
- C. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (✓) NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (✓) NO ( )

C. If your answer is YES:

1. What steps did you take?

Detainee filed (5) five grievances pertaining  
to issue under scrutiny.

2. What was the result?

NO answer or reply was forthcoming  
from facility

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

This detainee appealed all grievances  
that were not answered - to NO avail and  
through no fault of Plaintiff

D. If your answer is NO, explain why not:

NA

E. Is the grievance procedure now completed? YES ☒ NO ( )

F. If there is no grievance procedure in the institution, did you complain to authorities? YES ☒ NO ( ) *NA*

G. If your answer is YES:

1. What steps did you take?

*I spoke to Social Services and employees of this facility, requesting why the said grievances were not responded to.*

2. What was the result?

*Social Services and Officers gave NO answer*

H. If your answer is NO, explain why not:

*NA*

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: NA
- B. Approximate date of filing lawsuit: NA
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: NA
- D. List all defendants: NA
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): NA
- F. Name of judge to whom case was assigned: NA
- G. Basic claim made: NA
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): NA
- I. Approximate date of disposition: NA

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

## V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

That pursuant to County Jail Rules regarding mail procedures clearly annunciated under 20 IAC 701.180 the Cook County Department of Corrections is violative of Tampering with a Pre-trial detainees legal mail. A fore said mandate is not and has not been adhered to by officers and administrators of Facility. This detainee has filed numerous Grievances more then five (5) and in contravention of Jail Issued policy(s) , said Grievances have been illegally ignored. This Facility's illegality of Tampering with a pre-Trial detainees mail is antithetical to our constitution both Federal & State and ought to be duly circumvented by and through Coercive actionable suit that is justifiable. And that this facility did

willfully and intentionally obstruct and retard  
the passage of mail.

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

Coercive and disciplinary action to be meted out  
and punitive damages to be assessed as per  
justifiable edicts and law dictates thereto.  
Compensatory damages awarded of fifty-thousand  
dollars \$ 50,000.00

#### CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 11 day of Dec, 2007

Mario Cabello  
(Signature of plaintiff or plaintiffs)

Mario Cabella  
(Print name)

#20060098846  
(I.D. Number)

P.O. Box 089 002 Div 10 4B  
Chicago, Ill, 60608  
COOK COUNTY Jail  
(Address)